PRIOR TOBACCO INDUSTRY POSITIONS ON SMOKING AND HEALTH

This paper reviews the positions taken by the tobacco industry on smoking and health issues, both in testimony before Congress and in publications and programs of The Tobacco Institute. Not surprisingly, the positions of the industry have changed to some extent over the years as the scientific studies and debate on smoking and health have evolved. This paper merely outlines these positions and notes some of the specific statements that may be challenged by our opponents in future legislative hearings.

In general, the industry has taken a consistent position that proof is lacking of adverse health effects from smoking, passive smoking, or any of the constituents found in tobacco smoke. Industry research expenditures have generally been characterized as substantial, more generous than those of other private groups, and having no restrictions. In addition the industry has denied any addictive qualities of smoking. Finally, advertising of cigarettes has been stated to be merely related to brand preferences, and to have no effect on recruiting youth, or non-smokers, to smoke.

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I. WHETHER SMOKING CAUSES DISEASE

The industry has consistently taken the position that it is an "open question" whether there is a causal link between smoking and various diseases, and that further research is necessary. This position has been maintained throughout the various congressional hearings and industry publications.

Industry members have admitted that statistical associations exist between smoking and certain diseases, but they have emphasized that such a statistical relation does not establish causation. Industry spokespeople have consistently denied that there is sufficient proof of a causal link between smoking and lung cancer; cardiovascular disease (including stroke and high blood pressure); chronic obstructive pulmonary diseases (including emphysema and bronchitis); cancers of the pancreas, larynx, esophagus, bladder, and urinary tract; oral and pharyngeal cancers; ulcers (including peptic ulcers); and overall mortality rates. The industry has similarly criticized the claim that there are 300,000 excess deaths per year due to smoking, characterizing this claim as "sheer speculation." See, e.g., The Cigarette Controversy, Eight Questions and Answers 26.

There have been similar statements on the effect of smoking on women, especially during pregnancy. The

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industry has acknowledged that "smoking mothers, on the average, have slightly lighter weight babies." The Cigarette Controversy 8 (1974). But the industry has denied that there is proof of a causal link to the following conditions which have been statistically linked to tobacco use: increased perinatal mortality, abortion, stillbirth, birth defects, early menopause, decreased child development, disease in those using oral contraceptives.

The industry has likewise stated that there is no scientific evidence linking passive smoking to any disease. Statements on passive smoking tend to be stronger than those regarding primary smoking. See, e.g., Testimony of Horace Kornegay 633 (1972) (claim "seems extremely far-fetched"). The questioning of adverse health effects includes questioning any effect on children of smoking parents. Cf. Women and Smoking 7 ("Is it true that smoking mothers can harm their children by smoking around them? Studies in this area report conflicting results.").

There have been a number of strong statements denying causal links. Dr. Clarence Little, in 1969 written testimony as Scientific Director of the Council for Tobacco Research ("CTR") (April/May hearings), said that "[i]f anything, the pure biological evidence is pointing away from, not toward, the causal hypothesis."

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In 1978 Horace Kornegay testified that "there has been no highly qualified, reputable person who has made a statement that [smoking] affects or adversely affects the heath." A TI publication argues that "statistics can be twisted and misrepresented for scare propaganda." Fact or Fancy? 49.

There are also, however, some industry statements which may raise questions as to adverse health effects, including the following:

(1) Dr. Little, testifying for the Tobacco Industry Research Committee ("TIRC") at 1957 congressional hearings, stated that any chronic irritation "is a bad risk in any form of cancer" and that "inhalation of smoke" is an irritant. Dr. Little also referred during his testimony to an article in which he said "it would seem unwise to fill the lungs repeatedly with the suspension of fine particles of tobacco products of which smoke consists."

(2) Industry statements have acknowledged that smoking has a role "in depressing ciliary mobility" but have denied that this has any proven relation to the development of lung cancer. See, e.g., Testimony of Dr. Robert Hockett 810 (1965 - March/April hearings.).

(3) Joseph Cullman, speaking as Chairman of the Executive Committee of TI at 1969 congressional hearings (April/May hearings), stated that "Caution:

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Introduction of polluted air into lungs, including cigarette smoke, is injurious to health" was "a fair statement," but then also said "I don't think people really know" if smoking is injurious.

(4) Dr. Robert Hockett, in October 5, 1978 testimony, stated that it is a "plausible possibility" that smoking has "an effect on small airways"; that smoking causes "a certain amount of irritation"; that for a small group of persons who "for genetic reasons are highly susceptible" to chronic pulmonary disease" smoking can be "a grave danger"; and that smoking reduces muscle and tissue production in youth.

(5) In May 1983 congressional testimony Dr. Sheldon Sommers stated that those with preexisting emphysema should not smoke and that for them smoking "is going to cause difficulty."

In addition the industry has stated that "[y]oung people should not smoke." Fact or Fancy? 51. In October 5, 1978 congressional testimony, Dr. Robert Hockett similarly stated that nicotine "and perhaps other ingredients in smoke reduced somewhat the efficiency of the production of muscle and other body tissues" in youth, such that smoking could cause harm absent adjustments to diet.

There has also been some conflict as to whether smoking can cause an allergic reaction. Thus, Science

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and Smoke, (1978), quotes testimony that "it has not been clearly established that allergens for man are present in tobacco smoke." A TI newsletter, however, merely states that "True tobacco allergy . . . is rare." Smoking and the Public 5. A CTR report, introduced at 1965 congressional testimony (April/May hearings), notes research that "certain tobacco effects . . . may be due to specific allergic susceptibility of particular individuals," and an exhibit to testimony in 1972 by Horace Kornegay states that "there may be people who have an unusual hypersensitivity to tobacco smoke."

As noted above, the industry has acknowledged that there is a statistical link between smoking and various diseases, even if statistics do not prove causation. In some instances, however, even the statistical link of smoking to disease has been disputed. For example in The Cigarette Controversy: Why More Research is Needed 9 (Feb. 1984) statistical links to "perinatal problems, including low birth weight, fetal growth retardation, perinatal mortality and congenital abnormality" are questioned in light of recent studies. See also Testimony of Dr. Sheldon Sommers 1080 (1969 - April/May hearings) ("evidence both favoring and opposing" statistical links).

Some industry statements also argue that if a causal relation of cigarettes to disease were ever

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established, the industry would take action to modify its product: "If one or more of these compounds, as found in smoke, can be proved harmful, modern technology certainly would be applied in efforts to modify the product accordingly." The Cigarette Consumer Controversy 13 (Jan. 1981). See also Testimony of Bowman Gray 160 (1964) (if harmful effects were found "We get awfully fast to work to see what we can do about it."); Testimony of George Allen 943 (1965 - March/April hearings) ("If there is something in tobacco that is causally related to cancer or any other disease, the tobacco industry wants to find out what it is"). As Dr. Little stated at the 1957 congressional hearings, "I don't think there is one of them [i.e., tobacco executives] that is stupid enough to want to bluff for a minute" regarding any adverse health effects.

In responding to these criticisms, the industry has noted that there are a variety of other factors which may be causal agents for the diseases that have been statistically linked to smoking. Most emphasis has been on the role of heredity and personality, as well as the role of viruses and of environmental pollution. See, e.g., The Answers We Seek and The Need to Know, (two TI films). One often-cited position is that it is not smoking that causes disease, but rather the underlying personality of those who are most likely to

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smoke. See, e.g., Fact or Fancy? 29 ("It may be the smoker rather than the smoking that should be investigated").

Finally, the industry sometimes noted the potential benefits of smoking, particularly in the area of stress reduction. One publication in particular, The Smoking Controversy: A Perspective (Dec. 1978), argues strongly for the beneficial effects of smoking, including the risk that some persons might be subject to "critical levels of hypertension" if they could not smoke. Dr. Robert Hockett, in October 5, 1978 congressional testimony, similarly notes benefits from smoking in the areas of relieving anxiety and tension, aiding in digestion, and reducing the number of cases of Parkinson's disease and aphthous ulcers. Testimony of Dr. Sheldon Sommers on March 12, 1982 notes beneficial effects of smoking for those with "severe psychic or psychologic problems."

II. INDUSTRY RESEARCH EFFORTS

The industry's descriptions of its research efforts usually consist of statements regarding the amount of money spent on research (either during the prior year or since the establishment of CTR) and the names of recipients of grant money. Industry spokespersons also consistently stress that the grantees

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have complete freedom in their research and in the decision whether to publish the results. The research funding is usually described as "no-strings attached," with "complete freedom and autonomy" given to the researchers.

The nature of the research is also usually described only in general terms. Some publications have described tobacco industry research as directed at "smoking and health," and congressional testimony has used similar phrases, such as "the relationship between tobacco use and health." Among the stronger statements is one (repeated on several occasions by Dr. Sheldon Sommers) that from 1970 to 1982 $14 million was spent on "whether cigarette smoking causes lung cancer in animals," and the results "proved negative." Dr. Sommers also stated in March 1983 testimony that two-thirds of CTR's research grants were spent on cancer research. In 1972 testimony Dr. Sommers, speaking as Chairman of CTR, noted that grants are awarded based on "competitive scientific merit and relevance of the proposals received to smoking and health problems." Nevertheless Dr. Little, in 1957 Congressional testimony, stated that grant money is given out in a "very, very broad" range of areas "not confined to the effects of tobacco or any tobacco product." Dr. Robert Hockett of CTR stated in 1969 testimony (April/May

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hearings) that CTR is "concentrating study on the diseases that have been reported to be associated statistically with tobacco use."

Industry statements have also criticized research by private organizations active in anti-smoking work, such as the American Cancer Society. One paper characterizes the research of these organizations by saying that "there is good reason to suspect waste and misdirection." The Smoking Controversy: A Perspective 19 (Dec. 1978). The usual citations are more mild, however, and merely note that the tobacco industry has spent more on smoking and health research than any of the other organizations interested in these issues, such as the American Cancer Society.

III. INGREDIENTS/CONSTITUENTS OF SMOKE

The industry has stated that no constituent of tobacco smoke has been found to be a cause of cancer in humans in the amount in which it is present in smoke. The denial of any harmful effect has encompassed the following substances: "tar," nicotine, carbon monoxide, benzpyrene, nitosamines and nitrogen oxides, hydrogen cyanide, and beta naphthylamine.

The precise formulation of this positions varies. Most often, the industry has made the general statement that the concentrations of these substances in smoke are

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so minute as to be inconsequential, and that only sophisticated research tools can detect these constituents. Cf. Testimony of Dr. Robert Hockett 105 (1972) (cigarette smoke is "about 2 or 3 percent carbon monoxide by volume"). At other times, the focus is on the absence of any smoke inhalation studies finding adverse health effects, or the absence of studies on primates. For nicotine there have been further statements that not only is nicotine not harmful, but also that it may have beneficial effects, including that it "stimulates the learning process." Nicotine's effect is often paralleled to that of "mild exercise." See, e.g., Testimony of Dr. Robert Hockett 1112 (1969 - April/May hearings) ("effects similar to those of light exercise on the work of the heart").

Statements regarding "tar" focus on arguments that "tar" is not actually an ingredient in smoke, and that analysis of it is not an accurate method of research. Similarly there is repeated criticism of skin-painting of "tar" as a method of research, since such studies "involve the wrong material (that is the condensate instead of whole smoke), in the wrong dose, and in the wrong form, applied to the wrong tissue of the wrong animal." Testimony of Dr. Robert Hockett 102 (1971).

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By contrast Dr. Little, at the 1957 congressional hearings, admitted benzpyrene is carcinogenic, although only "[i]f you get enough of it at the right place." In addition there is at least one reference in congressional testimony to the presence of insecticides and pesticides on cigarettes. Joseph Cullman, speaking at 1969 Congressional hearings (April/May hearings), stated that it was unclear "what if anything of these insecticides or pesticides get through to the products."

Statements regarding the ingredients used in the manufacture of cigarettes, as opposed to the natural constituents of tobacco smoke, are rare. Beyond broad references to supplying information to the government, specific ingredients are not mentioned, and their health effects are not discussed. Instead, there are broad statements that no causal link between disease and any cigarette ingredient has been proven. The distinction between ingredients and constituents is often blurred in these statements. See, e.g., Testimony of Bowman Gray 251 (1965 - March/April hearings) ("have not been able to establish that any particular ingredient or compound in cigarette smoke is the cause of illness.").

IV. ADDICTION/WHY PEOPLE SMOKE

There are very few industry statements on the issue of addiction. To the extent such statements

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exist, they deny any addictive effect. See, e.g., Testimony of Edward Horrigan 390 (1982 - March 5, 11, and 12 hearings) ("absolutely no proof that cigarettes are addictive"); Testimony of Dr. Robert Hockett 22 (1978 - October 5 and 6 hearings) ("there is an adjustment" to smoking over time and issue of dependence is "a very tough question").

More often there are statements regarding why people smoke, and in particular why young people begin to smoke. In this regard the industry position has been that young people begin to smoke primarily because of peer pressure, and other social influences, and not as a result of advertising. See, e.g., Testimony of Horace Kornegay 190 (1978 - February hearing) ("I do not believe . . . that cigarette advertising induces young people to smoke"); On Tobacco: 21 Questions and Answers 7 ("complex psychological, cultural and socioeconomic factors.") The industry explicitly states that it is not aiming its products at youth.

V. ADVERTISING AND PROMOTIONAL ACTIVITY

Industry statements in this area focus on the argument that the claimed harmful effects from smoking have been widely stated and are known to more than 90% of the population. See, e.g., Testimony of William Kloepfer 674 (1969 - April/May hearings) ("Never has any

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product been so extensively publicized with an increasing crescendo of inflammatory insistence that its use is hazardous.") Conversely, Mr. Cullman has stated that reductions in advertising do not decrease consumption of cigarettes. See, e.g., Testimony of Joseph Cullman 114 (1969 - July hearings) ("[t]here isn't any evidence around the world that reduction in advertising or discontinuance of advertising will materially affect cigarette consumption"). Finally, the industry position has been that smoking is an adult habit, and that advertisements should not, and do not, be directed towards young people.

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